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22204 7590 08/26/2008

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NIXON PEABODY LLP
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/501,519	12/28/2004	Rodney Kielb	740172-22	8276

TITLE OF INVENTION: ORTHOTIC INSERT AND METHOD OF MANUFACTURE THEREOF

APPLN. TYPE.	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	11/26/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
PATTERSON, MARIE D	3728	036-154000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>NIXON PEABODY LLP</u> 2 <u>Jeffrey L. Costellia</u> 3 _____
□ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	□ "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

Foot Steps Orthotics Pty Limited

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Miranda New South Wales, Australia

Please check the appropriate assignee category or categories (will not be printed on the patent) individual corporation or other private group entity government

4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):
<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check in the amount of the fee(s) is enclosed.
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(Authorized Signature) <u>/Jeffrey L. Costellia, Reg. No. 35,483/</u>	(Date) <u>October 29, 2008</u>
(Typed or Printed Name) <u>Jeffrey L. Costellia</u>	

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